

COUNTY OF LOS ANGELES
INTERNAL SERVICES DEPARTMENT

TRANSMITTAL DATE: _____

ACCEPTANCE REVIEW SHEET

Due Date:

To: Donnakay Davis
 CIO/Systems Management
 Department of Mental Health
 3160 W. Sixth St., 2nd Floor
 Los Angeles, CA 90020

From: Tito Deomampo, Manager
 Mental Health Group
 ISD/ITS
 9150 E. Imperial Hwy.
 Downey, CA 90242

Account Description/Job Title

SR/MR Number

Copy for: Action ☐
 Information ☐

Purpose:

Standards/Procedures/Instructions ☐
 Test Results ☐

Systems Design/Review ☐
 Final Sign Off ☐

Other ☐ _____

Originators Remarks:

The attached proposal is submitted for your review and approval. Check the appropriate box below, sign, and return to the originator on or before the above Due Date or approval is assumed. If approved as submitted, return the signed Action Copy only. If approved with changes, identify the changes by page no., etc. in the remarks section below and make the suggested changes on the attached proposal and return them with the ISD-1 (include comments of information Addressees under your supervision on Action Copy). Do not return Information Copies. *Disapprovals must state specifically why proposal is unacceptable.*

Reviewer's Remarks:

Approved ☐ Approved with Changes ☐ Disapproved ☐

AUTHORIZED SIGNATURES:

User/Manager	_____	Date	_____
System Analyst	_____	Date	_____
Division Chief	_____	Date	_____
Security Administrator	_____	Date	_____